# Emp' ment and Training Administration

Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

85128

OMB No. 1205-0342



### Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column A. A union official completing this petition form should provide the name of the Union.

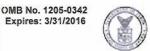
Petitioner 1

		, cadoner ,	
a)	Name	Silvia Middleton	
b)	Title	TAA Program Manager	
c)	Street Address	1550 Gadsden Street	
,	City	Columbia	
	State, Zip	SC, 29202	
d)	Phone - Main	(803) 737-2583	
e)	Phone - Alternate	(803) 834-9216	
f)	E-mail	smiddleton@dew.sc.gov	
- 1	Worker Separation Date	02/28/2014	<del></del>
g)	Petitioner Type:	State Workforce Office	<del></del>
h)			<del></del>
i)	All workers.	whose behalf this petition is being filed:	
	7 til Workere.		
		August 1	
Sec	ction 2. Workers' Firm Inform	ation	
D	uide information on the firm on	anloving the worker group Complete items	s (a)-(g) regarding the employing firm. If the workers are
710	vide information on the firm en	iploying the worker group. Complete items	a natitioning workers are employed by a staffing agency
doi	ng work at a location that is diff	ferent than the worker's employer (e.g., the	e petitioning workers are employed by a staffing agency
but	work at a manufacturing firm),	also complete items (h) - (m) regarding th	e firm at which the workers perform their jobs.
NIO	TE: Markers completing this D	etition Form must provide information for t	he locations where they work. All other petitioner types
NO	TE: Workers completing this P	etition Form must provide information for t	On and the Control of the for workers of multiple
ma	y apply on behalf of more than	one location. State offices and One-Stop	Operators/Partners may file for workers at multiple
loca	ations of a firm within their Stat	<ul><li>ie. If you choose to file on behalf of worker</li></ul>	s at more than one location, please attach additional
she	ets as necessary.		
_			
	ployer (Firm) Name of Firm		FrigoGlass North America
a)	Street Address		700-A Buffington Road
b)	Street Address		700-71 Bunnigton 110dd
	City		Spartanburg
	State, Zip		SC, 29303
c)	Phone		(864) 804-5610
d)	Website (if known)		
e)	Describe the article(s) produ	iced by this firm	Commercial Refrigeration Units
f)		en or may be separated (if known)?	70
g)		firm closing (if known)? If yes, when?	No
lf th	ne workers work at a location the	nat is different from that listed in item a) an	d b), then fill out items h) through m) for that location:
h)	Name of Firm		
i)	Street Address		
	City		
	State, Zip		
j)	State, Zip		
17	Phone		1
	Phone  Describe the article(s) produ	ced by this firm	,
k) l)	Describe the article(s) produ	uced by this firm en or may be separated (if known)?	,

Is the firm or any part of the firm closing (if known)? If yes, when?

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#### Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, increased imports of articles, loss of business with a TAA-certified firm.)

Company states that production will now be accomplished using other global facilities.

- 2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.
  - I have not attached additional information or supporting documents.
- 3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job locations.

		Official 1	Official 2	
a)	Name	Liz Summey	Tracy Waddell	_
b)	Title	REDACTION		_
c)	Phone - Work			
d)	Phone - Alternate			
e)	Fax			
f)	E-mail			_

## Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below, and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief the information I have provided is true, correct and complete."

a)	Signature	/s/ Silvia Middleton	
b)	Name (Print)	Silvia Middleton	
c)	Date of Petition	March 10, 2014	

The Petition Form will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the U.S. Department of Labor.

The Petition Form date will be recorded as the date that the petition is transmitted electronically via website to OTAA.